



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

April 26, 2001

Carey R. Holliday, Treasurer
Republican Party of Louisiana
7916 Wrenwood Boulevard, Suite E
Baton Rouge, LA 70809

Identification Number: C00187450

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Treasurer:

On April 4, 2001, you were notified that a review of the above-referenced report(s) raised questions as to specific contributions and/or expenditures, and the reporting of certain information required by the Federal Election Campaign Act.

Your April 24, 2001, response is incomplete because you have not provided all the requested information. For this response to be considered adequate, the following information is still required.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in

writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2)) The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

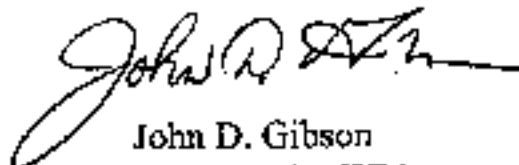
Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

An adequate response must be received at the Commission by May 16, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions related to this matter, please contact Edward Ryan on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,



John D. Gibson
Assistant Staff Director
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

One separate schedule (a)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
11(b)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republican Party of Louisiana

A. Full Name, Mailing Address and Zip Code
Baker For Congress Committee
P.O. Box 1694

Baton Rouge, LA 70821-1694

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

08/18/2000

Amount of Each
Receipt this
Period

25,000.00

Occupation

Aggregate Year-to-Date -> 25,000.00

502

B. Full Name, Mailing Address and Zip Code
Cooksey For Congress Committee
P.O. Box 7600

Monroe, LA 71211-7600

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

08/18/2000

Amount of Each
Receipt this
Period

10,000.00

Occupation

Aggregate Year-to-Date -> 10,000.00

502

C. Full Name, Mailing Address and Zip Code
Republican Exe. Comm Of Jefferson
729 Champagne Drive

Kenner, LA 70065-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

09/02/2000

Amount of Each
Receipt this
Period

2,000.00

Occupation

Aggregate Year-to-Date -> 3,000.00

D. Full Name, Mailing Address and Zip Code
Friends of Bob Livingston
P O Box 6329

New Orleans, LA 70174-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Date (month,
day, year)

08/18/2000

Amount of Each
Receipt this
Period

5,000.00

Occupation

Aggregate Year-to-Date -> 5,000.00

E. Full Name, Mailing Address and Zip Code

Name of Employer

Date (month,
day, year)

/ /

Amount of Each
Receipt this
Period

Occupation

Aggregate Year-to-Date ->

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

F. Full Name, Mailing Address and Zip Code

Name of Employer

Date (month,
day, year)

/ /

Amount of Each
Receipt this
Period

Occupation

Aggregate Year-to-Date ->

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

G. Full Name, Mailing Address and Zip Code

Name of Employer

Date (month,
day, year)

/ /

Amount of Each
Receipt this
Period

Occupation

Aggregate Year-to-Date ->

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

SUBTOTAL of Receipts This Page (optional)

42,000.00

TOTAL This Period (last page this line number only)

42,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 11(b)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Republican Party of LouisianaA. Full Name, Mailing Address and Zip Code
Baker For Congress
5555 Hilton Ave Suite 100

Baton Rouge, LA 70808-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/28/2000

Amount of Each
Receipt this
Period
2,000.00

Aggregate Year-to-Date -> 2,000.00

202

B. Full Name, Mailing Address and Zip Code
Republican Exe. Comm Of Jefferson
729 Champagne Drive

Kenner, LA 70065-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/18/2000

Amount of Each
Receipt this
Period
500.00

Aggregate Year-to-Date -> 500.00

C. Full Name, Mailing Address and Zip Code
Republican Exe. Comm Of Jefferson
729 Champagne Drive

Kenner, LA 70065-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/18/2000

Amount of Each
Receipt this
Period
500.00

Aggregate Year-to-Date -> 1,000.00

D. Full Name, Mailing Address and Zip Code
Republican Women of SW LA
P O Box 754

Lake Charles, LA 70602-

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

04/18/2000

Amount of Each
Receipt this
Period
100.00

Aggregate Year-to-Date -> 100.00

E. Full Name, Mailing Address and Zip Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

/ /

Amount of Each
Receipt this
Period

Aggregate Year-to-Date ->

F. Full Name, Mailing Address and Zip Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

/ /

Amount of Each
Receipt this
Period

Aggregate Year-to-Date ->

G. Full Name, Mailing Address and Zip Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify)

Name of Employer

Occupation

Date (month,
day, year)

/ /

Amount of Each
Receipt this
Period

Aggregate Year-to-Date ->

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

3,100.00

